| ortant.   | 11   | MISSOURI STATE BOARD OF HISBUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH |   |  |  | ALTH Do not use this space. |                     |  |
|---|--|--|---|--|--|-----------------------------|---------------------|--|
| Vis Very imp  | 1. PLACE OF DEATH  County Franklin  Township Union (No.  | Registration Distri  | on District N   | 296<br>. 4180  |  | No.                         |                     |  |
| DE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. | 2. FULL NAME Joseph Andrew   |  |   | Ward.  |  | city or town a              | and State) mos. ds. |  |
|   | PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE DIVORCED (write the word) White Widowed  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  5. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Bertha Zehrt  |  | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (MONTH, DAY, AND YEAR) ITOV. 1.1937  22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937. Death is said |  |  |                             |                     |  |
|   | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 16 7. AGE YEARS MONTHS DAYS 72 11 15 Z 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc   | 1864 If LESS than 1 day,hrs. ormin.  | to have or<br>The princ   | ccurred on the date  | e stated above, at 8 a and related causes of | A.m.<br>importance w        |                     |  |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc  |  | Other contributory causes of importance:  |  |  |                             |                     |  |
|   | 12 BIRTHPLACE (CITY OR TOWN) Union. Missouri (STATE OR COUNTRY)    13. NAME Herman Zehrt   14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)  |  |   | operation confirmed diagnosi                                       | 016<br>27 hyrrael W                          | Date of                     | орву?.Да            |  |
|   | 15. MAIDEN NAME Emily Calvin  16. BIRTHPLACE (CITY OR TOWN) Villa Ridge, Nisso (STATE OR COUNTRY)  |  | 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?   |  |  |                             |                     |  |
|   | 17. INFORMANT Lichael Zehrt (ADDRESS) Union, Missouri 18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Ido. DATE MOV. 3, 1837  |  |   |  |  |                             |                     |  |
|   | 19. UNDERTAKER Union Funeral Home ("7.H. Hoperature Home ("7.H. H |  |   | Offin specify (Signed)  (Address)  (Address)  (Address)  (Address) |  |                             |                     |  |

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